

Revision: HCFA-PM-91-4  
AUGUST 1991

(BPD)

OMB No.: 0938-

State/Territory: Texas

Citation 3.1(a)(9) Amount, Duration, and Scope of Services: EPSDT Services (continued)

42 CFR 441.60



The Medicaid agency has in effect agreements with continuing care providers. Described below are the methods employed to assure the providers' compliance with their agreements.

42 CFR 440.240  
and 440.250

(a)(10) Comparability of Services

1902(a) and 1902  
(a)(10), 1902(a)(52),  
1903(v), 1915(g), and  
1925(b)(4) of the Act

Except for those items or services for which sections 1902(a), 1902(a)(10), 1903(v), 1915 and 1925 of the Act, 42 CFR 440.250, and section 245A of the Immigration and Nationality Act, permit exceptions:

- (i) Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person.
- (ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.
- (iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.
- ☐ (iv) Additional coverage for pregnancy-related services and services for conditions that may complicate the pregnancy are equal for categorically and medically needy.

TN No. 91-34

Supersedes

Approval Date JAN 14 1992Effective Date OCT 01 1991TN No. 87-16

pg 21a, item 3.1(a)(5)(i) & (ii) HCFA ID: 7982E

90-27, pg 22, item 3.1(a)(5)(iii) & last #

STATE <u>Texas</u>	A
DATE REC'D <u>DEC 11 1991</u>	
DATE APP'D <u>JAN 14 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA ID <u>91-34</u>	

Revision: HCFA - Region VI  
November 1990

State TEXAS

Citation  
42 CFR Part  
440, Subpart B  
42 CFR 441.15  
AT-78-90  
AT-80-34

Section 1905(a)(4)(A)  
of Act (Sec. 4211(f)  
of P.L. 100-203).

3.1(b) Home health services are provided in accordance with the requirements of 42 CFR 441.15.

(1) Home health services are provided to all categorically needy individuals 21 years of age or over.

(2) Home health services are provided to all categorically needy individuals under 21 years of age.

☒ Yes

☐ Not applicable. The State plan does not provide for nursing facility services for such individuals.

(3) Home health services are provided to the medically needy:

☒ Yes, to all

☐ Yes, to individuals age 21 or over; nursing facility services are provided.

☐ Yes, to individuals under age 21; nursing facility services are provided.

☐ No; nursing facility services are not provided.

☐ Not applicable; the medically needy are not included under this plan

STATE <u>Texas</u>	A
DATE REC'D <u>DEC 31 1990</u>	
DATE APP'D <u>MAR 28 1991</u>	
DATE EFF <u>OCT - 1 1990</u>	
HCFA 179 <u>90-50</u>	

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Supersedes  
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Revision: HCFA-PM-93-8 (BPD)

State/Territory: TexasCitation 3.1 Amount, Duration, and Scope of Services (continued)42 CFR 431.53 (c) (1) Assurance of Transportation

Provision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in ATTACHMENT 3.1-D.

42 CFR 483.10 (c) (2) Payment for Nursing Facility Services

The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10 (c) (8) (i).

STATE <u>Texas</u>	A
DATE REC'D <u>12-30-93</u>	
DATE APP'D <u>01-19-94</u>	
DATE EFF <u>10-01-93</u>	
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 TN No. 91-34

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State TEXAS

Citation  
42 CFR 440.260  
AT-78-90

3.1(d) Methods and Standards to Assure  
Quality of Services

The standards established and the  
methods used to assure high quality  
care are described in ATTACHMENT 3.1-C.

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Approval Date 2-24-77

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May 22, 1980

State TEXAS

Citation 3.1(e) Family Planning Services  
42 CFR 441.20  
AT-78-90

The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

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Revision: HCFA-PM-87-5 (BERC)  
APRIL 1987

OMB No.: 0938-0193

State/Territory: Texas

Citation  
42 CFR 441.30  
AT-78-90

3.1 (f) (1) Optometric Services

Optometric services (other than those provided under §§435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

☐ Yes.

☐ No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

☒ Not applicable. The conditions in the first sentence do not apply.

1903(i)(1)  
of the Act,  
P.L. 99-272  
(Section 9507)

(2) Organ Transplant Procedures

Organ transplant procedures are provided.

☐ No.

☒ Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at ATTACHMENT 3.1-E.

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DATE REC'D	<u>6-30-87</u>	
DATE APP'D	<u>8-14-87</u>	
DATE EFF.	<u>See HCFA-179</u>	
HCFA 179	<u>87-10</u>	

TN No. 87-10  
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(BERC)

OMB No.: 0938-0193

State/Territory: Texas

Citation  
42 CFR 431.110(b)  
AT-78-90

3.1 (g) Participation by Indian Health Service  
Facilities

Indian Health Service facilities are accepted as providers, in accordance with 42 CFR 431.110 (b), on the same basis as other qualified providers.

1902(e)(9) of  
the Act,  
P.L. 99-509  
(Section 9408)

(h) Respiratory Care Services for Ventilator-  
Dependent Individuals

Respiratory care services, as defined in section 1902(e)(9)(C) of the Act, are provided under the plan to individuals who--

- (1) Are medically dependent on a ventilator for life support at least six hours per day;
- (2) Have been so dependent as inpatients during a single stay or a continuous stay in one or more hospitals, SNFs or ICFs for the lesser of--  
  
/ X / 30 consecutive days;  
  
/ - / \_\_\_\_ days (the maximum number of inpatient days allowed under the State plan);
- (3) Except for home respiratory care, would require respiratory care on an inpatient basis in a hospital, SNF, or ICF for which Medicaid payments would be made;
- (4) Have adequate social support services to be cared for at home; and
- (5) Wish to be cared for at home.

STATE	<u>Texas</u>	
DATE RECD	<u>1-29-90</u>	
DATE APVD	<u>6-1-90</u>	/ <u>X</u> /
DATE LB	<u>1-1-90</u>	
HCFA ID	<u>90-03</u>	/ <u>-</u> /

Yes. The requirements of section 1902(e)(9) of the Act are met.

Not applicable. These services are not included in the plan.

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Supersedes  
TN No. 87-10

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